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TO:

Each Supervisor

FROM:

Jonathan E. Fielding, M.D., M.P.H.

Director and Health Officer

SUBJECT:

UPDATE ON HOMELESS TUBERCULOSIS OUTBREAK

This is an update on the tuberculosis (TB) outbreak among the homeless community in the downtown/Skid Row area and the Department of Public Health's (DPH) ongoing actions to contain the outbreak. The last report was sent to your Board on April 1, 2013.

Background

The TB outbreak among the homeless population within the Skid Row area began in 2007. These cases are linked to a specific strain of TB, which is sensitive to and treatable with first-line anti-TB medications. As of this update, a total of 92 cases with this strain of TB have been identified since 2007. Among the 92 cases, 16 have died since 2007. Additionally, of these 92 cases, 80% were reported to be homeless and 21% were reported to be HIV-infected. Throughout the course of this outbreak, DPH has worked with stakeholders, community members, and healthcare providers to monitor, treat and prevent the further expansion of this outbreak.

Ongoing Activities

To contain the outbreak and prevent future cases, DPH is engaged in the following ongoing activities:

Analysis of current data sources to identify possible contacts to known cases

DPH is conducting an analysis to ensure that all potentially exposed individuals (also known as "contacts") are identified and all appropriate efforts are made to locate and bring them to medical attention for TB screenings. DPH is reviewing related databases from agencies that serve homeless clients, including social service, public safety, and the general medical provider community (e.g., Los Angeles Homeless Service Authority, Union Rescue Mission, Midnight Mission, Los Angeles Mission, Sheriff's Department, and medical providers in the Skid Row area). The Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH) are also assisting DPH with this effort.



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Through the analysis, the identified contacts are screened into different tiers according to their risk of being exposed to TB. Based on this information, DPH has prioritized contacts that are at highest risk of having been exposed to TB and are working with stakeholders and partners to identify them and bring them in for TB screenings.

Targeted screening at high-risk sites to identify additional cases of active TB disease

After partnering with CDPH and the CDC to identify high-risk sites, DPH has initiated targeted onsite evaluations to identify individuals with active TB disease who have not sought medical care. DPH is using QuantiFERON (QFT) as the test of choice for testing the homeless population for TB. This blood test is more accurate and provides results without requiring the person return for a reading.

• Treatment of Latent TB Infection

DPH has begun the use of a new short-course treatment regimen for latent TB infection. Instead of the usual six to nine months of therapy required for traditional latent TB infection treatment, this treatment regimen can be completed in twelve weeks. This innovation is especially important when treating the homeless population as they have historically low latent TB infection treatment completion rates. In addition to the short-course regimens, DPH is also offering incentives to individuals to further enhance the adherence to treatment.

• Develop Memoranda of Understanding with Shelter Partners and Medical Providers

DPH has partnered with shelters and medical providers to locate individuals who might have been diagnosed with latent TB infection and ensure that those individuals receive appropriate medical evaluations and treatment. To date, DPH has entered into memoranda of understanding with the three largest medical providers in the Skid Row area (JWCH, LA Christian Medical Clinics, and the University of California, Los Angeles at the Union Rescue Mission).

• Development and Implementation of Shelter Guidelines

In June 2013, DPH finalized a set of guidelines for homeless shelters on how to prevent TB in homeless shelters. The guidelines include the following information on: appointing a TB administrator, creating an environment that limits the spread of TB, enforcing screening for staff and volunteers, and enforcing screening and referral requirements for clients. DPH will distribute these guidelines to all the major shelters in Los Angeles County, and will provide training to shelter staff to aid in implementation and practice of the guidelines. DPH is also currently exploring the possibility of developing a policy or mandate to institute screening in homeless shelters.

• Developing a clearance protocol for the homeless clients entering shelters in Los Angeles County

DPH is working with local clinics and homeless shelter operators to determine the best approach to facilitate TB clearance for the homeless upon entry into a shelter. DPH has met with the three major healthcare providers in the Skid Row area to ensure that they have appropriate TB screening and evaluation protocols. In addition, DPH will request that the providers include their

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screening results into a "Shelter Clearance Registry" to be made available to shelter operators to reference when a client enters into a shelter.

If you have any questions or would like additional information, please let me know.

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c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors